

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 24 1942 91

1003

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County. St. Louis
(b) City or town. St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4763 Hammett Place.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____
(Specify whether
In this community. _____
years, months or days)

3. (a) PRINT FULL NAME Joseph Seeker,

3. (b) If veteran, No 3. (c) Social Security
name war. No No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, Widowed
6. (b) Name of husband or wife. _____ 6. (c) Age of husband or wife if
alive. 1844 years
7. Birth date of deceased. June 5 1844
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
97 7 2 hr. min.

9. Birthplace Unknown Austria
(City, town, or county) (State or foreign country)

10. Usual occupation Trunk Maker

11. Industry or business Retired

12. Name Wencelius Seeker

13. Birthplace Austria
(City, town, or county) (State or foreign country)

14. Maiden name Don't know

15. Birthplace Austria
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Josephine O. Borman
(b) Address 4763 Hammett Place

17. (a) Burial (b) Date thereof 1-10-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery
Cullinane Bros.

18. (a) Signature of funeral director. 1710 N. Grand Blvd.

(b) Address JAN 8 1942
(Date received local registrar) (c) J. T. Budeck
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. St. Louis
(c) City or town. St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4763 Hammett Place
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 7
year 1942 hour 2 minute 30 p. M.

21. I hereby certify that I attended the deceased from Jan 7 to Jan 7
that I last saw him alive on Jan 7
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Pneumonia 3 days
Due to arterio sclerosis
Due to Cardiac Hypertrophy

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature John G. Conner (M. D. or other)
Address 508 N. Grand Date signed 1/8/42

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Fred Frick

Licensed Embalmer No. **3186**

P. O. Address **St. Louis, Mo.**

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.